

Testimony in favor of Raised Bill 6517
**An Act Implementing The Recommendations Concerning Insurance Department's Duties,
Mental Health Parity Compliance Checks and the External Review Application Process**

Testimony in Favor of Raised Bill 6557
**An Act Implementing Recommendations Concerning the Health Carrier Utilization Review
and Grievance Process**

Jeffrey Walter
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Good afternoon, Senator Kissel, Representative Mushinsky and members of the Program Review and Investigations Committee. My name is Jeffrey Walter. I am President and CEO of Rushford Center, a non-profit behavioral health organization and partner agency of the Hartford HealthCare system.

I am here to support Bills 6517 and 6557. Raised Bill 6517 would require the State Insurance Department to add to its annual report to the General Assembly a section summarizing its method of checking on health insurance companies' compliance with state and federal mental health parity laws, as well as the results of its compliance checks.

This legislation is urgently needed, given the disproportionately large number of complaints received annually by the Office of the Health Care Advocate, specifically with regard to lack of access to mental health and substance use disorder services. Both state and federal parity laws establish and protect the rights of policy holders to receive behavioral health services offered in their health plan on an equal basis to other health care benefits. Unfortunately, at the present time, there is inadequate enforcement of these important protections. Bill 6517 will help correct this problem.

Bill 6557 addresses several long-standing problems faced by consumers and providers with regard to insurance companies' review of medical necessity for substance use disorder (SUD) services. The bill defines SUD services as, de facto, urgent care; requires health insurance reviewers to respond within 24 hours to requests for SUD services; establishes clear grievance procedures; requires clinical peer review of adverse medical necessity decisions; and requires insurance companies to use nationally and state-recognized standards for clinical practice. **I would ask the committee to consider amending the bill in two ways: first, reduce the response time for SUD service requests to 6 hours (consumers are not able to safely wait 24 hours for a decision). Second, require that insurance and utilization review companies to make their clinical standards available to consumers and providers.**

I am particularly happy to see legislation that requires insurance companies to employ physicians in their utilization review process who have established credentials, specific the sub-specialty that they are reviewing, such as adolescent psychiatry and substance use disorder treatment. I thank you for considering these important pieces of legislation.

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